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**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM 280-875)**

SERIAL NO.

FILING DATE

10/10/90 384

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.						
TOTAL DEP.						
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	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
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